

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 12 | 10/5 |
| FORMALITY REVIEW | TD | JCH 75 | 10/23/01 |
| RESPONSE FORMALITY REVIEW | 84 | 867 | 02-23-06 |

Best Available Copy

INDEX OF CLAIMS

Rejected N
 Allowed I
 Canceled A
 Restricted O
 Non-elected
 Interference
 Appeal
 Objected

| Claim | Date | Claim | Date | Claim | Date |
|-------|------|-------|------|-------|------|
| 1 | | 51 | | 101 | |
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| 5 | | 55 | | 105 | |
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If more than 150 claims or 10 actions
staple additional sheet here

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